

LICENSE FEE:

\$100.00

Payable to State of Michigan



DEPT. USE ONLY

| | |
|-----------|-------------|
| Region | CO CODE |
| LICENSE # | DATE ISSUED |

PESTICIDE & PLANT PEST MANAGEMENT DIVISION

PESTICIDE APPLICATION BUSINESS LICENSE APPLICATION

IN ACCORDANCE WITH THE PROVISIONS OF ACT NO. 451 PART 83, PUBLIC ACTS OF 1994 AS AMENDED, APPLICATION IS HEREBY MADE FOR COMMERCIAL PESTICIDE APPLICATOR'S LICENSE.

PLEASE READ INSTRUCTIONS ON BACK PRIOR TO COMPLETING THIS APPLICATION

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|----------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| 1. FULL LEGAL NAME OF BUSINESS (Please Type or Print) | | | 2. NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> DECLINE <input type="checkbox"/> | | |
| 3. STREET ADDRESS OF PRINCIPLE PLACE OF BUSINESS | | | 4. CITY | | |
| 5. STATE | 6. ZIP CODE | | 7. EMERGENCY TELEPHONE (24 Hour Number & Contact Person) () Name: | | |
| 8. BUSINESS PHONE () | | 9. BUSINESS FAX () | 10. E-MAIL ADDRESS | | |
| 11. MAILING ADDRESS OF PRINCIPLE PLACE OF BUSINESS (IF DIFFERENT FROM ABOVE) | | | | | |
| 12. CITY | | | 13. STATE | 14. ZIP CODE | |
| 15. CORPORATION IN MICHIGAN (INCLUDING LLC) <input type="checkbox"/> YES ID# <input type="checkbox"/> NO DATE FILED: | | | 16. IF YOU ARE A PARTNERSHIP OR USE AN ASSUMED NAME, YOU MUST ENCLOSE A COPY OF CURRENT CERTIFICATE OF REGISTRATION WITH THIS APPLICATION. (Certificate Expires:) | | |

APPLICATOR CERTIFICATION REQUIREMENTS

17. The business must employ at least one full-time certified applicator at each business location, available during regular business hours, in each appropriate category(s). How many certified applicators do you employ? [] List ALL using an additional sheet if necessary.

| | | | |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|
| NAME OF CERTIFIED APPLICATOR | CERTIFICATE NUMBER | NAME OF CERTIFIED APPLICATOR | CERTIFICATE NUMBER |
| 18. INDICATE CATEGORY(S) (See Regulation Number 636 as amended, Rule Number 3 for descriptions of categories) | | | |
| <input type="checkbox"/> 1A. Field Crops | <input type="checkbox"/> 3A. Turfgrass Pest Management | <input type="checkbox"/> 5C. Sewer Line Pest Management | <input type="checkbox"/> 7F. Mosquito Mgmt |
| <input type="checkbox"/> 1B. Vegetable Crops | <input type="checkbox"/> 3B. Plants & Shade Tree Pest Mgmt | <input type="checkbox"/> 6. Right-of-Way Pest Management | <input type="checkbox"/> 7G. Domestic Animal Pest Management |
| <input type="checkbox"/> 1C. Fruit Crops | <input type="checkbox"/> 4. Seed Treatment | <input type="checkbox"/> 7A. General Pest Management | <input type="checkbox"/> Fumigation |
| <input type="checkbox"/> 1D. Livestock Pest Mgmt | <input type="checkbox"/> 5. Aquatic Pest Management | <input type="checkbox"/> 7B. Wood Destroying Organism Mgmt | <input type="checkbox"/> Aerial Applications |
| <input type="checkbox"/> 2. Forest Pest Mgmt | <input type="checkbox"/> 5A. Swimming Pools | <input type="checkbox"/> 7D. Vertebrate Pest Management | Other(s)_____ |
| <input type="checkbox"/> 2A. Forest Products Preserv. | <input type="checkbox"/> 5B. Microbial Pest Management | <input type="checkbox"/> 7E. Interior Plant Pest Management | |

NEW LICENSE OR ADDING A NEW CATEGORY ONLY

19. Act 451 Part 83, as amended, provides certain experience and/or degree requirements as qualification for a license. A notarized statement listing the firm name, phone number, and pesticide application experience and/or college degree information for the qualifying individual for the firm must be attached to this application. **Use Form PI-217.**

FINANCIAL RESPONSIBILITY REQUIREMENT

20. For this application to be complete, liability insurance is required for licensing. A CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION. See the instructions on the back of this application for minimum insurance requirements.

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|-----------------------|----------------------------|
| 21. INSURANCE COMPANY | 22. POLICY EXPIRATION DATE |
|-----------------------|----------------------------|

OUT OF STATE LICENSE APPLICANTS ONLY

I (WE) HEREBY APPOINT THE FOLLOWING PERSON WHO RESIDES IN MICHIGAN TO ACCEPT SERVICE OF NOTICE OR PROCESS ARISING IN ANY COURT FROM ANY ACTION, CRIMINAL OR CIVIL, RESULTING FROM MY (OUR) OPERATIONS IN THE STATE OF MICHIGAN.

| | | | |
|---------------------------|---------|------|----------|
| 23. I (WE) HEREBY APPOINT | ADDRESS | CITY | ZIP CODE |
|---------------------------|---------|------|----------|

ALL LICENSE APPLICANTS

24. This is to certify that the foregoing is true and accurate to the best of my knowledge and belief and that I will comply with the provisions of Act No. 451 Part 83, P.A. of 1994 as amended and all regulations promulgated thereunder.

| | | |
|-----------------------|-------|------|
| APPLICANT (Signature) | TITLE | DATE |
|-----------------------|-------|------|

THIS LICENSE WILL NOT BE ISSUED WITHOUT THE ABOVE SIGNATURE, TITLE & DATE!

LICENSE APPLICATION INSTRUCTIONS

1. If you are **renewing** your license, verify that the label reflects your firm's current full legal name of the business per current articles of incorporation or current assumed name certificate. If not, - please make the necessary corrections. **New firms** must fill in the **current full legal name** of the business as indicated above.
2. Check the appropriate box for new license, renewal of license, or decline of license.
- 3.-10. Fill in the full *street address, city, state and zip code* of the business. Fill in the name and telephone number of a representative of the firm who may be reached 24 hours of the day in the event of an emergency. Fill in business telephone number, fax number and e-mail address. **NOTE: POST OFFICE BOXES ARE NOT ACCEPTABLE FOR LICENSE ISSUANCE.**
- 11.-14. Fill in the mailing address of the business if *different* from the full street address. Post Office Boxes *are* acceptable for *mailing addresses*.
- 15.-16. If the business is a corporation (including limited liability corporation), check yes and fill in the current incorporation ID# and date. If the business is a partnership or uses an assumed name, a copy of the current certificate of registration must accompany this application. Out of state companies must be authorized to conduct business in the State of Michigan. Apply for this at the Michigan Department of Consumer & Industry Services, Corporation, Securities, and Land Development Division (517) 241-6470 or Fax: (517) 334-8329 for more information: www.michigan.gov/corporations.
17. List **all** names, certification numbers and **how many** certified applicators are employed by your firm. Use an additional sheet if necessary.
18. Check the box(es) for requested category(s) of licensing. See Regulation 636 as amended, for descriptions of categories. **NOTE: THE BUSINESS MUST EMPLOY AT LEAST ONE FULL TIME CERTIFIED APPLICATOR AT EACH BUSINESS LOCATION, AVAILABLE DURING REGULAR BUSINESS HOURS, WHO IS CERTIFIED IN THE CATEGORIES OF PESTICIDE APPLICATION THE FIRM INTENDS TO CONDUCT BUSINESS IN.**
19. Someone at the firm must provide pesticide application experience and/or college degree information, in notarized statement, as specified in Act 451, Part 83, Pesticide Control, Section 8313

For new license or adding new categories only: At least one of the following requirements must be met:

- (a) Service for not less than 2 application seasons as an employee of a commercial applicator, or comparable education and experience as determined by the director.
- (b) A baccalaureate degree from a recognized college or university in a discipline that provides education regarding pests and the control of pests and 1 application season of service as an employee of a commercial applicators.

The notarized statement must include the firm name, address and phone number and outline the pesticide application experience acquired. **This form must be NOTARIZED by a Notary Public.**

- 20.-22. Fill out the name of your insurance company, and the expiration date of your current policy. **NOTE: THE MINIMUM LIABILITY INSURANCE REQUIREMENTS AS SPECIFIED IN SECTION 8313, ACT 451, PART 83 PESTICIDE CONTROL, AND REGULATION 636, RULE 14 ARE AS FOLLOWS:**

R285.636.14. Financial Responsibility.

Rule 14. (1) A licensed commercial applicator shall maintain comprehensive general liability insurance for bodily injury and property damage during the licensing period or during the period of time necessary to span and seasonal operation, except as provided in subrule (5) of this rule. The insurance will not exclude coverage for bodily injury and property damage which arise from pesticide applications.

(2) Minimum insurance coverage for persons engaged in aerial application, space fumigation, or right-of-way pest control shall be \$100,000.00 for each occurrence for bodily injury and \$25,000.00 for each occurrence for property damage, or a combined single limit of \$300,000.00 for bodily injury and property damage.

(3) Minimum insurance coverage for persons licensed in a category or subcategory described in rule 3 of these rules shall be \$100,000.00 for each occurrence for bodily injury and \$25,000.00 for each occurrence for property damage, except as prescribed in subrule (2) of this rule.

(4) If an applicant is qualified for a license in 2 or more application categories with different minimum financial responsibilities, the greater requirement shall apply.

(5) A single comprehensive general liability insurance policy, as prescribed in subrules (2) and (3) of this rule, may be written to provide financial responsibility coverage for more than 1 licensed place of business owned and operated by the same person.

(6) If the required insurance coverage for a license expires or is canceled during the license period, the license shall be suspended and the licensee shall surrender the license to the director for the remainder of the licensing period or until such time as the financial responsibility requirements have been complied with.

NOTE: A COPY OF YOUR CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION.

23. **Out of State** (Non-Resident) Pesticide Application Businesses must list the name and address of a process agent residing in Michigan who will accept service of notice or process arising in any court from any action, criminal or civil, resulting from business operations in the state of Michigan.
24. Please sign and date the application.

NOTE: LICENSE WILL NOT BE ISSUED WITHOUT THE SIGNATURE OF THE APPLICANT.